

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SCANNER/COPIER BASED ON ORGANIC MATERIALS
Attorney Docket Number::	4001-1219
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: CHRISTOPH  
Middle Name::  
Family Name:: BRABEC  
Name Suffix::  
City of Residence:: LINZ  
State or Province of  
Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing ÖDMÜHLWEG 14  
Address::  
City of Mailing Address:: LINZ  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: 4040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: RALPH  
Middle Name::  
Family Name:: PÄTZOLD  
Name Suffix::  
City of Residence:: ROTH  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing IMMELMANNSTR. 5  
Address::  
City of Mailing Address:: ROTH

State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 91154

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: CARSTEN  
Middle Name::  
Family Name:: TSCHAMBER  
Name Suffix::  
City of Residence:: ERLANGEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: GOETHESTRASSE 25  
City of Mailing Address:: ERLANGEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 91054

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/052771	11/3/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	10351700.6	11/5/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::